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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Delroy Edwards

2016 MAR 14 AM 9:54

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York; C.O. Gagadeen,
Shield # 9831; C.O Speight, Shield # 5211;
C.O Lewis, Shield # ; Captain
Trehar, Shield # 1058; Deputy Warden
Fadins, Shield # 74.

**AMENDED
COMPLAINT**

under the Civil Rights Act,
42 U.S.C. § 1983

Jury Trial: Yes No
(check one)

16 Civ. 0078 (RA)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's Name Delroy Edwards
ID# 895-15-CIS48
Current Institution AMKC
Address 18-18 Hazen St
East Elmhurst, NY 11370

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #: _____
DATE FILED: 3/14/16

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name C.O. Gagadeen Shield # 9831
Where Currently Employed AMKC
Address 18-18 Hazen St
East Elmhurst, NY 11370

Defendant No. 2 Name C.G. Speight Shield # 5211
 Where Currently Employed AMKC
 Address 18-18 Hazen St
East Elmhurst, NY 11370

Defendant No. 3 Name C.O. Lewis Shield # _____
 Where Currently Employed AMKC
 Address 18-18 Hazen St
East Elmhurst, NY 11370

Who did what?

Defendant No. 4 Name Captain Trahan Shield # 1058
 Where Currently Employed AMKC
 Address 18-18 Hazen St
East Elmhurst, NY 11370

Defendant No. 5 Name Deputy Warden Fadina Shield # 74
 Where Currently Employed AMKC
 Address 18-18 Hazen St
East Elmhurst, NY 11370

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

AMKC 18-18 Hazen St
East Elmhurst, NY 11370

B. Where in the institution did the events giving rise to your claim(s) occur?

Quad Upper 7

C. What date and approximate time did the events giving rise to your claim(s) occur?

Saturday November 8th, 2015

Around 5:30 pm

D. Facts:

The officers released a barrage of chemical agents and while I was blinded by the chemical the alleged officers hit me numerous times with a baton in my lower back while

What happened to you?

I was on the floor.

Who did what?

The Deputy on call duty on Nov. 21, 2015 ordered C.O Lewis, C.O Speight & other Correctional Officers to release the chemical agents. I didn't see who assaulted me because I was blinded by chemical agents.

Officers I couldn't identify by name or shield

Was anyone else involved?

Occupants of Quad upper 7 who was also assaulted.

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I sustained lower back pains due to the blows I

Received from the batons, seen medical on Nov 22, 2015 on the 11 to 7 tank. I Received some non-aspirin

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island AMKC

18-18 Hazel St, East Elmhurst, NY 11370

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No _____ Do Not Know _____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes _____ No _____ Do Not Know _____

Pending notification

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No _____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes _____ No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

AMKC 18-18 Hazel St East Elmhurst, NY 11370

1. Which claim(s) in this complaint did you grieve?

The assault as well as the releasing of the chemical agents

2. What was the result, if any?

Still pending / rendering disposition

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Disposition pending

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

filed; pending

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

As a result I would like a full investigation to take place in this matter. Along with all parties. The mentioned parties that was present on Saturday Nov. 21, 2013 was extracted from the housing area with brute force for a reason that was rectified after the fact. I'm seeking \$1 million dollars (\$1,000,000) in punitive damages & tie ~~the~~ pain & suffering from the blows I received to my lower back.

VI. Previous lawsuits:

On these claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there
judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of February, 2016.

Signature of Plaintiff

Inmate Number

Institution Address

Delroy Etum
895-S-C1548
18-18 Hazen St
East Elmhurst, NY 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of February, 2016, I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

21/2/16
Nkem Igbo
NIKECHI IGBO
NOTARY PUBLIC-STATE OF NEW YORK
No. 01IG6163948
Qualified In Queens County
My Commission Expires April 09, 2019

Signature of Plaintiff:

Delroy Etum

Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name:	Book & Case #:	NYSID # (optional):	
Detroit Edwards	8015-15 C1548		
Facility:	Housing Area:	Date of Incident:	Date Submitted:
AMKC	OJ7	11/21/15	12/10/15

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

ON the date of Nov 21, 2015 I was sprayed along with other inmates with chemical agents known as "MK9" due to a fire being allegedly made when the probe team along with the security team I myself on call for any housing unit came to check up on them they sprayed us the no remorse.

Action Requested by Inmate

I does want the officers that was involved in the reported I Retrained in how to use chemical agents in better medical treatment as a timely matter further decontamination

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

 Yes

 No

Do you need the IGRP staff to write the grievance or request for you?

 Yes

 No

Have you filed this grievance or request with a court or other agency?

 Yes

 No

Did you require the assistance of an interpreter?

 Yes

 No
Inmate's Signature: Detroit EdwardsDate of Signature: 12/10/15

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below: <u>12/10/15</u>	Grievance and Request Reference #: <u>NCO</u>	Category: <u>complaint</u>
Inmate Grievance and Request Program Staff's Signature: <u>M. Mele</u>		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			CORRECTION DEPARTMENT CITY OF NEW YORK
INMATE GRIEVANCE AND REQUEST PROGRAM		Form: # 7102R Eff.: 09/12/12 Ref.: Dir. #3376	
DISPOSITION FORM	Attachment - C		
Grievance/Request Reference #: N/G	Date Filed: 12/10/15	Facility: AMKC	
Title of Grievance or Request:	Category: Complaint		
<p>From IGRP Inmate Statement Form, print or type short description of request/grievance:</p> <p>On the date of Nov 21, 2015 I was sprayed along with other inmates with chemical agents known as MK9 due to a razor being alleged missing. When the pro-team along with the security team and deputy on call for our housing unit came to Quad upper 7 they sprayed with no remorse.</p>			
<p>Action Requested by Inmate: I want the officers that was involved to reported and retrained in how to use chemical agent and a better medical treatment in a timely matter after decontamination.</p>			
<p>STEP 1: INFORMAL RESOLUTION</p> <p>Check one box: <input type="checkbox"/> Grievance <input type="checkbox"/> Request <input checked="" type="checkbox"/> Submission not subject to the IGRP process.</p> <p>The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.</p> <p>IGRP can not process your grievance. This matter will be forwarded to the Deputy Warden to look into your complaint.</p>			
<p>Are you satisfied with the proposed resolution?</p> <p><input type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No</p> <p>I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request</p>			
Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:

Delroy Edwards 895.15-01848
18-18 Hazen St.
East Elmhurst, NY 11370

NEW YORK CITY MAIL

DE 11 APR 2012 PM 10:00 AM



RECEIVED
SUNY PLATOON OFFICE

2016 MAR 16 AM 9:54



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61116
Boyle

United States District Court
Southern District of New York
U.S. Courthouse - 500 Pearl Street
New York, NY 10007